

ATTACHMENT B  
FUEL NETWORK USERS AGREEMENT

1. PARTIES TO THE AGREEMENT: Between the State of Utah, Department of Administrative Services, Division of Fleet Operations referred to as STATE and the following USER:

USER Name:

USER Billing Address

Contact Person:

Federal Tax Id#

Phone Number:

2. PURPOSE OF AGREEMENT: The purpose of this agreement is to provide electronic fuel dispensing and fleet card processing services to the USER at State Consolidated Network sites.
3. PERIOD OF AGREEMENT: Effective \_\_\_\_\_ and will continue until canceled by either party by giving the other party 15 days prior written notice. On termination of this agreement all payments will be processed for purchases made by USER through the date of termination.
4. PAYMENT PROCEDURES: USER will be billed monthly directly from GASCARD, INC> The monthly billing and "Fuel Management Report" are the same document. USER agrees to pay the billing within 21 days of billing closing date. Nonpayment can cause the access cards to become "disabled" until payment is received.
5. USER ACCESS CARDS: Access cards for fuel purchases will be issued to USER for agency staff use. The cost per card is \$\_\_\_\_\_ (if applicable). Cards will be automatically authorized annually, on the anniversary date of this agreement, and billed to your account.
6. COSTS TO BE BILLED USER: The cost of fuel at "commercial" sites will be a "best rate" as negotiated by STATE. Fuel at "state" locations will be at "rack plus delivery and administrative fee. This fee is established through public rate hearings and is based on the costs of managing the Network. The costs and rates are Public Information and will be made public.
7. OPERATING PROCEDURES: USER will advise staff to use the NETWORK facilities in a responsible and safe manner and shall indemnify the STATE for damages caused by USER'S at a State Consolidated Network Site.

IN WITNESS WHEREOF, the parties sign and cause this agreement to be executed between the USER and the STATE

on this date \_\_\_\_\_ .

USER

STATE

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Division of Fleet Operations

\_\_\_\_\_  
Name and Title of Authorized

\_\_\_\_\_  
Name and Title of Representative